## NATIONAL SCIENCE FOUNDATION **4201 WILSON BOULEVARD ARLINGTON, VA 22230**

## FELLOWSHIP STARTING CERTIFICATE

This form will serve as the authority to begin your stipend payments. Two copies should be returned to the National Science Foundation supporting program office immediately after you enter upon the tenure of your award. It should not be dated before you actually begin your tenure.

Astronomy and Astrophysics Postdoctoral Fellowship Program, Division of Astronomical Sciences, National Science Foundation, 4201 Wilson Blvd., Room 1045, Arlington, VA 22230 USA					
Program Contact: Dr. Kathy Eastwood Phone: (703) 292-4910 E-Mail: keastwoo@nsf.gov Fax: (703) 292-9034					
All payments are sent electronically to your domestic bank. We cannot send funds to a foreign bank, but can make payments via check if so requested.					
Name: (last, first, m.i.)		Social Security			
		, Number:			
Name of NSF Fellowship: Astronomy & Astrophysics Postdoctoral Fellowship					
STATEMENT OF TENURE					
enure Start Date: Anticipated Tenure Duration					
mm/dd/yyyy mm/dd/yyyy					
Institution:		Departme	Department:		
Institutional Address of Fellow:					
21.00.00.00.00.00.00.00.00.00.00.00.00.00					
E-Mail Address/ Fax Number:		Home Phone Number:	me Phone Number: Work Phone Number:		
Signature of Fellow:		Date:			
Scientific Advisor's Name:					
STATEMENT OF VERIFICATION					
This section must be completed by the Scientific Advisor, the Department Head, or another appropriate official. The signature below verifies the information found in the Statement of Tenure above.					
Signature:		Printed Name:			
Title:	Date:	Date:			
FOR NSF USE					
Grant Number:		Change of Institution	:Yes	No	
Total Tenure Months: Tenure mo		months at this Institution:		Dependents: N/A	
Stipend \$		Special Allowance \$			
Approved:	Date:	1	Date forwarded to Finance:		